


U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	<u>DONALD RENKOWIC</u>	COURT CASE NUMBER	<u>04-30202 MAP</u>
DEFENDANT	<u>FRANKLIN REGIONAL COUNCIL OF GOVERNMENTS COUNTY COMMISSIONER</u>	TYPE OF PROCESS	<u>CIVIL</u>
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	<u>FRANKLIN REGIONAL COUNCIL OF GOVERNMENTS / COUNTY COMMISSIONER</u>		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	<u>425 MAIN ST. GREENFIELD, MASS. 01301</u>		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285	
<u>DONALD RENKOWIC</u>	Number of parties to be served in this case	
<u>160 ELM ST.</u>	Check for service on U.S.A.	
<u>GREENFIELD, MASS. 01301</u>		

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Al. Telephone Numbers, and Estimated Times Available For Service):

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
<u>DONALD RENKOWIC, PRO SE</u>			<u>10-19-04</u>

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>	Date <u>11/18/04</u>
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <u>11/18/04</u>
	Time <u>pm</u>
	Signature of U.S. Marshal or Deputy <u>[Signature]</u>

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS: 11/18/2004 Served Cert. Mail Ret Rec. MCH

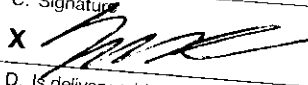
COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Franklin Regional Council for
Governments - County Comm.
425 Main Street
Greenfield, MA
01301

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) _____ B. Date of Delivery 11/19/04
- C. Signature X  ☐ Agent
☐ Addressee
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7000 1530 0002 9435 1a24

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952